FORM D

**UNITED STATES** 

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

### FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden

SEC USE ONLY

hours per response... 16.00

Serial

DATE RECEIVED

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.) Tenant in Common Interest in raw land-Loop 1604, San Antonio, Texas Filing Under (Check box(es) that [ ] Rule 504 [X] Rule 506 [ ] Section 4(6) [ ] ULOE Rule 505 apply): Type of Filing: [X] New Filing [ ] Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer ([ ] check if this is an amendment and name has changed, and indicate change.) DBSI Loop 1604 LLC Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 800-678-9110 1550 S. Tech Lane Meridian, ID 83642 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) **Brief Description of Business Tenant in Common Real Estate** PROCESSED Type of Business Organization [X] other (please specify): [ ] corporation [ ] limited partnership, already formed JUL 0 3 2007  $^{\mathcal{K}}$ **Limited Liability Company** [ ] limited partnership, to be formed business trust THOMSON Month Year [X] Actual [] Estimated FINANCIAL Actual or Estimated Date of Incorporation or Organization: [ 06 ] [ 07 ] Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [1][D]

### **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

#### A. BASIC IDENTIFICATION DATA

## 2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[X] Promoter [X] Benefici Owner	ał [ ] Executive Officer	[ ] Director [ <b>X</b> ] Managing Member	
Full Name (Last name DBSI Housing, Inc.	first, if individual)			
Business or Residence 1550 S. Tech Lane, M	e Address (Number and Street, leridian, ID 83642	City, State, Zip Code)		
Check Box(es) that Apply:	[ ] Promoter [ <b>X</b> ] Beneficia Owner	l [X] Executive Officer	{ X ] Director [ ] General and/or Managing Partner	
Full Name (Last name Swenson, Douglas L.				
Business or Residence 1550 S. Tech Lane, M	e Address (Number and Street, leridian, ID 83642	City, State, Zip Code)		
Check Box(es) that Ap	ply: [ ] Promoter [] Beneficial	Owner [X] Executive Off	icer [X] Director [ ] General and/or Managing Partner	
Full Name (Last name Hassard, Charles E.	first, if individual)			
Business or Residence 1550 S. Tech Lane, M	e Address (Number and Street, leridian, ID 83642	City, State, Zip Code)		
Check Box(ess) that Ap	ply: [ ] Promoter [] Beneficial	Owner [X] Executive Off	icer[X]Director[]General and/or Managing Partner	
Full Name (Last name Mayeron, John M.	first, if individual)			
Business or Flesidence 1550 S. Tech Lane, M	e Address (Number and Street, leridian, ID 83642	City, State, Zip Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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Full Name (Last name first, if individual) Crown Capital Securities, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 725 Town & Country Road, Suite 530, Orange, CA 92868 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers [ ] All States (Check "All States" or check individual States) ...... [HI] x [ID] x [AL] x  $[AK] \times [AZ] \times$ [AR] x [CA] x [CO] x [CT] x [DE] x (DC) x [FL] x [GA] x [KS] x [LA] x [ME] x (MD) x  $[MA] \times$ [MI] x [MN] x [MS] x [MO] x  $[IN] \times$ [IA] x [KY] x [IL] x [OR] x [NV] x [NH] x [NJ] x [NM] x [NY] x (NC) x [ND] x [OH] x [OK] x [PA] x [MT] x [NE] x [SD] x [TN] x [WV] x [WI] x [WY] x [PR] [RI] x  $[TX] \times$ [UT] x [VT] x [VA] x [WA] x Full Name (Last name first, if individual) Cullum & Burks Securities, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) One Galleria Tower, Dallas, TX 75240 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All S:ates" or check individual States) ...... [ ] All States [GA] x **ГСТТ** х [DC] [ID] x fAL1 x [AK] [AZ] x [AR] x [CA] x ICO1 x (DE) [FL] x [KS] x [KY] x [LA] x [ME]x[MD] x [MA] x [MI] x [MN] x [MS] x [MO] x [IL] x  $[IN] \times$ [IA] x [PA] x [MT] x [NE] x [NV] x [HM] [NJ] x [NM] x [NY] x [NC] x [ND] x [OH] x [OK] x [OR] x [SD] [PR] (RII [SC] x [TN] x [TX] x [UT] x M [VA] x [WA] x M [WI] x [WY]Full Name (Last name first, if individual) **Direct Capital Securities** Business or Residence Address (Number and Street, City, State, Zip Code) 1333 2<sup>nd</sup> Street, Suite 600, Santa Monica, CA 90401 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers [ x ] All States (Check "All States" or check individual States) ...... [ID] [AL] [AK] [AZ] [AR] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [CA] [IL] [IN] ſΙΑΊ [KS] [KY] (ME) [MD] [MA] [MI] [MN] [MS] [MO] [OR] [PA] [MT] [NE] [NV] [NH] [NJ] [MM] [NY] [NC] [ND] [OH] [OK] [SD] [TX][VT][VA] [WA] [WV] MI M [PR] (RI) [SC] [TN] [UT] Full Name (Last name first, if individual) Finance 500 Business or Residence Address (Number and Street, City, State, Zip Code) 19762 Macarthur Blvd #200, Irvine, CA 92612 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) ...... [ ] All States (AL) x [AK] [AZ] x [AR] x [CA] x [CO] x [CT]·x (DE) x [DC] x [FL] x [GA] x [HI] x [ID] x [MN] x [MS] x [MO] x [IL] x [IN] x [[A] x [KS] x [KY] x [LA]x[ME] x [MD] x [MA] x [MI] x [MT] x [NE] x [NV] x [NH] [NJ] x [NM] x [NY] x [NC] x [ND] [OH] x (OK) x (OR) x [PA] x [PR] (RI) x  $[SC] \times [SD] \times [TN] \times$ [WA] x [WV] x [WI] x [WY] x [TX] x [UT] x  $[V\Pi]$ [VA] x

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			Address ( Arbor, Mi		and Street	l, City, Sta	ate, Zip C	ode)					-	
Name	of Assoc	iated Bro	ker or De	aler		<u> </u>	· · · · · · · · · · · · · · · · · · ·							
States	in Which	Person	Listed Ha	s Solicite	d or Inten	ds to Soli	cit Purcha	asers	· · · · · · · · · · · · · · · · · · ·					
(Check	k "All Sta	tes" or ch	eck indiv	idual Stat	tes)					[ x	] All State	s		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[!L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	(PA)		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT] 	[VA]	[WA]	[VV/]	[WI]	[WY]	(PR)	· · · · · · · · · · · · · · · · · · ·	
			rst, if indi- ciates, In											
			Address ( e, MA 024		and Street	, City, Sta	ate, Zip C	ode)			-			
Name	of Assoc	iated Bro	ker or De	aler			·—- · · · · ·	· · · · · · · · · · · · · · · · · · ·	<del></del>					
					d or Inten		cit Purcha	asers		[	] All State	s		
[AL]	[AK] x	[AZ]	[AR]	[CA] x	[CO] x	[CT] x	[DE]	[DC] x	[FL] :	x [GA]	x [HI]	[ID]		
[IL] x	[IN]	(IA) x	[KS]	[KY]	[LA]	[ME] x	[MD] x			x [MN	] [MS]	[MO]		
[MT]	[NE]	[NV] x	[NH]	[NJ] x	[MM]	[NY] x	[NC]	[ND]	[OH]			[PA] x		
[RI] x	[SC] x	[SD]	(TN] x	[TX]	(UT] x	[VT]	[VA] x	[WA] x	[WV]	[WI]	x [WY]	[PR]		

		es Allian	Ce									
		sidence A Ste. B, G				t, City, Sta	ate, Zip C	ode)			•	
Name o	of Associ	ated Brok	er or De	aler								
States	in Which	Person L	isted Ha	s Solicite	d or Inten	ds to Soli	icit Purcha	asers			-	
(Check	"All Stat	es" or che	eck indivi	dual Stat	es)	•••••				I	] All State	s
[AL] x	[AK]	[AZ] x	[AR] x	[CA] x	[CO] x	[CT] x	[DE] x	[DC] x	[FL] x	[GA] x	[HI] x	[ID] x
[IL] x	[IN] x	[IA] x	[KS] x	[KY] x	[LA] x	[ME] x	[MD] x	[MA] x	[MI] x	[MN] x	[MS] x	[MO] x
[MT] x	[NE] x	[NV] x	[NH]	[NJ] x	[NM] x	[NY] x	[NC] x	[ND]	[OH] x	[OK] x	[OR] x	[PA] x
		ron:	CCND	LLAI A	(LITT	N/TI	D/A1 ×	[WA] x	палл.	DA/II	[WY] x	(DD)
Full Na VSR Fi	inancial	name firs	st, if indiv		[UT] x	[VI]	[VA] x		[WV] x	[WI] x		[PR]
VSR Fi	me (Last inancial ss or Res	name firs	st, if indiv	idual) Number a	and Stree	t, City, Sta	ate, Zip C		[VVV] X	[VVI] X		
Full Na VSR Fi Busine 8620 V	me (Last inancial ss or Res V. 110 <sup>th</sup> S	name firs Services	st, if indiv	idual) Number a	and Stree	t, City, Sta			[VVV] X	[VVI] X	[441] X	[FK]
Full Na VSR Fi Busine 8620 W	me (Last inancial ss or Res V. 110 <sup>th</sup> S	name firs Services sidence A Street, Su ated Brok	ddress (I	idual) Number a <b>Overlanc</b> aler	and Stree I Park, K	t, City, Sta S 66210		ode)	[vvv] x	[vvi] x	[441] X	
Full Na VSR Fi Busine 8620 W Name (	me (Last inancial ss or Res V. 110 <sup>th</sup> S of Associ	name firs Services sidence A Street, Su ated Brok	ddress (I lite 200, error Dec	idual) Number a Overland aler s Solicite	ind Stree I Park, K	t, City, Sta <b>S 66210</b> ds to Soli	ate, Zip C	ode)	[VVV] X		All State	
Full Na VSR Fi Busine 8620 W Name (	me (Last inancial ss or Res V. 110 <sup>th</sup> S of Associ	name first Services Sidence A Street, Su ated Brok	ddress (I lite 200, error Dec	idual) Number a Overland aler s Solicite	ind Stree I Park, K	t, City, Sta <b>S 66210</b> ds to Soli	ate, Zip C	ode)	[FL]			
Full Na VSR Fi Busine 8620 W Name ( States (Check [AL]	me (Last inancial ss or Rec V. 110 <sup>th</sup> S of Associ in Which "All Stat	name first Services Sidence A Street, Su ated Brok Person L es" or che	ddress (I lite 200, (cer or Dec	Number a Overland aler s Solicite dual State	and Stree I Park, K	t, City, Sta S 66210 ds to Soli	ate, Zip C	ode)		[ x ]	All State	s
Full Na VSR Fi Busine 8620 W Name ( States (Check	me (Last inancial ss or Res V. 110 <sup>th</sup> S of Associ in Which "All Stat [AK]	name first Services Sidence A Street, Su ated Brok Person L es" or che	ddress (I lite 200, exer or Dea listed Haseck indivi	idual) Number a Overland aler s Solicite dual Stat	d or Intenes)	t, City, Sta <b>S 66210</b> ds to Soli	ate, Zip C icit Purcha [DE]	ode) asers [DC]	(FL)	[ x ]	All State [HI]	s [ID]

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
rype of Security	Offering Frice	3014
Debt	\$	\$
Equity	\$	\$
[ ] Common [ ] Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (Specify Tenant in Common Interest ).	\$ <u>5,875,206.00</u>	\$
Total	\$ <u>5,875,206.00</u>	\$ <u>0</u>
Answer also in Annondix, Column 3, if filing under ULOF		

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u>, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

Number

Aggregate

	Investors	Dollar Amount
A 19. 4 A 4	•	of Purchases
Accredited Investors	0	\$ <u>0</u>
Non-accredited Investors		_\$
Total (for filings under Rule 504 only)		_\$ <u>0</u>
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type isted in Part C-Question 1.		
	Type of Security	Dollar Amount
Type of offering	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Sold
Rule 505		_\$
Regulation A		_ \$
Rule 504		_\$
Total		_\$ <u>0</u>
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		[] \$
Printing and Engraving Costs		[ <b>X</b> ] \$ <u>3,000.00</u>
Legal Fees		[ <b>X</b> ] \$ <u>40,000.00</u>
Accounting Fees		[] \$
Engineering Fees		[] \$
Sales Commissions (specify finders' fees separately)		[X] \$ <u>455,328.00</u>
Other Expenses (identify) Marketing, Wholesaling, and Organizational Expenses	1	[ <b>X</b> ] \$ <u>342,308.00</u>
Total	-	[X] \$ <u>840,636.00</u>
b. Enter the difference between the aggregate offering price given in response to Part C-expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted ssuer." b. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposo be used for each of the purposes shown. If the amount for any purpose is not known,	gross proceeds to	
urnish an estimate and check the box to the left of the estimate. The total of the paymentisted must equal the adjusted gross proceeds to the issuer set forth in response to Part (Question 4.b above.	) <b>-</b>	
	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	[]\$	
Purchase of real estate	[ <b>X</b> ] \$ <u>219,576</u>	<u>5.00</u> [X] \$ <u>4,500,000.00</u>
Purchase, rental or leasing and installation of machinery and equipment	[]\$	[]\$
Construction or leasing of plant buildings and facilities	[]\$	[]\$
Acquisition of other businesses (including the value of	L J Ψ	t1#
securities involved in this offering that may be used in	[]\$	[]\$
exchange for the assets or securities of another issuer	ι Ι Ψ	IJΨ
pursuant to a merger)		*
Repayment of indebtedness	[]\$	[]\$
Working capital	[]\$	[]\$
Other (specify): Accountable Reserves	[]\$ []\$	[X] \$ <u>205,206.00</u> [X] \$ <u>25,000.00</u>
Acquisition Related Expenses		
Due Diligence Analysis	[]\$	[ <b>X</b> ] \$ <u>84,788.00</u>
Column Totals	[X] \$219,576	5.00 [X]\$ <u>4,814,994.00</u>

	E. STATE	SIGNATURE		
Is any party described in 17 CFR 230.262 prorule?			cation provisions of such	Yes No
	See Appendix, Colur		response.	
2. The undersigned issuer hereby undertakes to (17 CFR 239,500) at such times as required by	•	ıdministrator of	any state in which this noti	ce is filed, a notice on Form D
3. The undersigned issuer hereby undertakes to offerees.	o furnish to the state a	dministrators, ເ	ipon written request, inform	nation furnished by the issuer to
4. The undersigned issuer represents that the is Offering Exemption (ULOE) of the state in whic has the burden of establishing that these condit	h this notice is filed an	d understands		
The issuer has read this notification and knows undersigned duly authorized person.	the contents to be true	e and has duly	caused this notice to be sig	gned on its behalf by the
Issuer (Print or Type)	Signature	///	Date	• • •
DBSI Loop 1604 LLC, an Idaho LLC	Signature	Chan	6/15/07	
Name of Signer (Print or Type)	Title (Print or	Туре)	·	• • •
By DBSI Housing, Inc., its member	Adam Cleary	, its Authorized	l Representative	1

# Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

[X] \$5,034,570.00

Total Payments Listed (column totals added)		[*]	J \$ <u>5,034,570.00</u>							
	D. FEDERAL SIGNATUR	E								
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written reques of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.										
Issuer (Print or Type)	Signature	Date	:							
DBSI Loop 1604 LLC, an Idaho LLC	Ada May	6/15/07								
Name of Signer (Print or Type)	Title of Signer (Print or Type	e)	,							
By DBSI Housing, Inc., its member	Adam Cleary, its Authorize	d Representative	;							
	ATTENTION		<del> </del>							
Intentional misstatements	or omissions of fact constitute fed 1001.)	eral criminal violations.	(See 18 U.S.C.							

